

February 1953  
Vol. XIV, No. 2

CALIFORNIA

MAR 9 1953

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# *Bulletin on Current Literature*

The monthly bibliography for  
workers with the handicapped

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*The* NATIONAL SOCIETY  
*for*  
CRIPPLED CHILDREN *and Adults, Inc.*

11 SO. LA SALLE ST., CHICAGO 3, ILL

THE EASTER SEAL AGENCY

# HELP CRIPPLED CHILDREN



*The National Society for Crippled Children and Adults*, the Easter Seal society, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

**Education** of the public, professional workers and parents.

**Research** to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

**Direct Services** to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, and provision of braces, appliances and equipment.







A New Addition to the Library's Periodical Collection

SOCIAL SERVICE, a Quarterly Survey. National Council of Social Service, 26 Bedford Square, London, W. C. 1, England. 10s per year; 2s, 6d a copy. Spring, 1952, vol. 25, no. 4.

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ACCIDENTS--PREVENTION

99. Dietrich, Harry F.

Protection/education; a constructive formulation of how parents can provide children with armor against crippling accidents. Crippled Child. Dec., 1952. 30:4:8-11. Reprint.

An adaptation of an address given in October, 1952, at the annual convention of the National Society for Crippled Children and Adults. Dr. Dietrich points out the fact that accidents are the number one killer of children and estimates there are probably over 48,000 permanent injuries, as well as a million and a half injuries that require medical attention. The practical application of methods of prevention and education is outlined for the consideration of parents interested in the safety of their children:

AMPUTATION--EQUIPMENT--RESEARCH

See 173.

AMPUTATION--MEDICAL TREATMENT

100. Canty, Thomas J.

Split-thickness skin grafting of amputation stumps, by Thomas J. Canty and E. E. Bleck. Plastic and Reconstructive Surgery. Aug., 1952. 10:2: 99-115. Reprint.

"... This paper deals with the use of the split-thickness skin graft in accomplishing closure of certain types of open stumps...." Only major amputations are considered. Types of open amputation stumps, indications for skin grafting, surgical techniques, and the type of prosthesis used by patients who have skin grafts applied are discussed. This type of skin graft has proved satisfactory for closure of certain open amputation stumps; the simplicity of application is a definite advantage. Applied to the short below-the-knee open guillotine stump, it has saved valuable length and the knee joint itself in patients who otherwise may have been above-the-knee amputees.

AMPUTATION--PHYSICAL THERAPY

101. U. S. Veterans Administration

A guide for the arm amputee. Washington, Govt. Print. Off., 1952.  
n. p. (VA pamphlet 10-38)

#### AMPUTATION--PHYSICAL THERAPY (continued)

A pamphlet illustrating some exercises essential in the preparation of the amputee for a prosthesis. A list of daily activities is given; the amputee is advised to practice these activities at home to gain proficiency in the use of the prosthesis. Drills for the use of the voluntary closing hook or hand are included to assist in learning the use of the locking mechanism. Criteria for judging the successful fitting of the prosthesis are outlined.

Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 10¢ a copy.

#### APHASIA

##### 102. Turnblom, Martha

A group discussion program with the families of aphasic patients, by Martha Turnblom and Julian S. Myers. J. Speech and Hearing Disorders. Dec., 1952. 17:4:393-396. Reprint.

This article, adapted from a paper presented at the 1951 Annual Convention of the American Speech and Hearing Association, reports a group discussion program for the relatives of aphasic patients at the Institute of Physical Medicine and Rehabilitation. Initiated mainly to deal with inquiries made by the relatives on treatment and management of aphasic patients, the program also helped them to improve their emotional adjustment to the situation existing in the family group because of an aphasic individual. Of value as a psycho-therapeutic technique, it also is a means of orienting and educating the participants as to the nature of aphasia and the possibilities of rehabilitation for the aphasic.

#### APHASIA--SPECIAL EDUCATION

##### 103. Palmer, Martin F.

The education of the aphasic child, by Martin F. Palmer and Francis Berko. Am. J. Occupational Therapy. Nov.-Dec., 1952. 6:6:241-246. Reprint.

Behavioral characteristics of the child with "high" brain injuries are listed and discussed; techniques utilized in the commencement of educational work with aphasics are considered. Many of these are also utilized in classrooms for retarded children, but learning growths not occurring in the true mentally retarded are noticed in the aphasic child. Phenomena discussed in previous articles of this series (Palmer, Martin F. Aphasia and occupational therapy. Am. J. Occupational Therapy. May-June, 1950. 4:3:95-98, 140. -Berko, Martin J. Mental evaluation of the aphasic child. Am. J. Occupational Therapy. Nov.-Dec., 1951. 5:6:241-243, 266.) also appear in the classroom situation with the aphasic child.

#### ARTHRITIS--MEDICAL TREATMENT

##### 104. Parry, G. R.

Physical methods in the management of arthritis in childhood, by G. R. Parry, J. Luder, and Basil Kiernander. Brit. J. Phys. Med. Dec., 1952. 15:12 (n. s.):275-281.

Reprinted from: Rheumatism. July, 1952.

#### ARTHRITIS--MEDICAL TREATMENT (continued)

Summarized in this article are the management of the problem of arthritis in the early years of life and the more detailed treatment from the physical point of view. The writers have described the routine used at the Hospital for Sick Children, London, England, rather than reviewing and assessing physical methods practiced at other institutions or the latest refinements in methods and apparatus.

#### BLIND--ITALY

105. Wallis, Gwyneth

Blind welfare in Italy. Social Service. Sept. -Nov., 1952. 26:2:75-77.  
Social Service in Action. No. 1.

The writer, assistant secretary of the Southern Regional Association for the Blind, England, was sent at the recommendation of the Social Division of the United Nations to serve as technical advisor in Italy. The purpose of the assignment was to aid in setting up a home teaching service. She describes conditions among the blind, the excellence of the training institutions in four metropolitan areas, and the high quality of handcrafts produced by the trained blind. Opportunities for employment for the blind in Italy are few, due to prejudice in industry. The curriculum for training home teachers of the blind is briefly described.

#### BLIND--EMPLOYMENT

106. Blank, Marion Sidman

Field work for blind students in a school of social work. Social Service Rev. Sept., 1952. 26:3:310-318.

This paper, by reporting the experiences of one social work instructor in supervising two young women, both blind, in their first field-work placements in a graduate school of social work, attempts to answer the question of the blind students' ability to meet adequately the demanding requirements of a caseworker's job and the varied requirements of a school of social work. The writer found them mastering field-work satisfactorily and feels that schools of social work must be willing to accept the qualified blind social work applicant, stressing the applicant's professional qualifications rather than his handicap.

#### BLIND--PSYCHOLOGICAL TESTS

107. MacFarland, Douglas C.

An exploratory study comparing the maze learning ability of blind and sighted subjects. New Outlook for the Blind. Nov., 1952. 46:9:259-263.

The writer reports an experiment, using the stylus maze, to test the learning ability of blind and sighted subjects. Thirty subjects were used in the test: ten blind persons, ten sighted individuals blindfolded during the orientation period, and ten sighted persons allowed to orient themselves visually before the test began. Methods used by the blind persons and those blindfolded were compared with methods of those oriented by visual means. Two possibilities for using the test suggested that modified tactual methodology of this type might be applied in teaching blind persons a useful amount of free-hand pen writing and in studying a client's ability to complete a complicated and frustrating task. In the field of vocational guidance of the blind, the stylus maze may prove an additional tool in predicting possible placement.



#### BLIND--SOCIAL SERVICE

108. Maloney, Elizabeth M.

The special contribution of the social caseworker in an agency for the blind. New Outlook for the Blind. Nov., 1952. 46:9:251-255.

A paper written in response to the article entitled "Home Teaching; A Casework Service," by Mrs. Annie B. Faircloth, which appeared in the October, 1952, issue of the New Outlook for the Blind (cf. No. 15, Bul. on Current Lit., Jan., 1953). Representing the thinking of a group of social caseworkers (study group of Professional Social Workers in Agencies for the Blind), it sets forth a broad concept of the meaning of social casework, considerations of the particular qualifications of the caseworker and the importance of the team approach in services to the blind which are applicable in any agency.

#### BLIND--SPECIAL EDUCATION

109. Dennison, Amie L.

Partially seeing children aren't so different. Sight-Saving Rev. Winter, 1952. 22:4:208-216.

The author tells how visually handicapped students function quite normally in the activities of a typical junior-senior high school and make outstanding records of achievement. Emphasis is on the children's abilities, rather than on the handicap. She discusses the teacher's working habits, general habits, and work habits of the partially seeing child, and gives a brief review of eye difficulties and how they affect the work of the child in school.

110. Lowenfeld, Berthold

The child who is blind. Exceptional Children. Dec., 1952. 19:3:96-102.

Special educational methods to help the blind child gain a knowledge of the realities around him, to give him confidence to cope with them and to give him the feeling that he is recognized and accepted as an individual are the aims for education of the blind. This article covers methodology, the emotional problems caused by blindness and the social atmosphere which blindness creates in the blind child's environment. Educational facilities and their place in meeting the essential needs of the blind child are reviewed. The author is superintendent of the California School for the Blind.

#### BRACES--RESEARCH

111. Young, George H.

The orthopedic appliances program at Mellon Institute; the first five years. Orthopedic and Prosthetic Appliance J. Sept., 1952. 5-13. Reprint.

A description of the organization and operation of the Mellon Institute, the relation of the Sarah Mellon Scaife Foundation to the Institute, and the orthopedic appliances fellowship which the Foundation sponsors. The program and activities of the Fellowship, to date, are explained with a brief review of some of its significant accomplishments.

#### CEREBRAL PALSY--GREAT BRITAIN

112. Garwood, Jean

A future for spastics? Social Service. Sept.-Nov., 1952. 26:2:64-69.

## CEREBRAL PALSY--GREAT BRITAIN (continued)

### The Welfare of the Disabled. No 3.

An article focusing attention on the special problems of the spastic and the specialized services by which they may be overcome. Statutory provisions for the education, treatment, training and employment of the disabled often fail to meet the complex needs arising from the multiple effects of this disability. Citing the work accomplished by existing services, the writer points out what could be accomplished with adequate facilities and through education and training of the adult spastic.

## CEREBRAL PALSY--BIOGRAPHY

### 113. Miers, Earl S.

The three who helped. Crippled Child. Dec., 1952. 30:4:18-22.

The author, president of the New Jersey Society for Crippled Children and Adults and editor of the World Book Publishing Co. of New York, recounts personal experiences of his college life, some of the people who influenced his career, and the satisfactions the handicapped can experience from life through developing faith in themselves. This article is an adaptation of an address given at the annual convention of the National Society for Crippled Children and Adults in October, 1952.

## CEREBRAL PALSY--EMPLOYMENT

### 114. Buller, Georgiana

The rehabilitation of the spastic. Rehabilitation. Nov., 1952. 6, n. s.:2-4, 26.

Building up self-confidence is a fundamental necessity in attempting to rehabilitate the cerebral palsied, the writer feels. She relates successful rehabilitation of some severely handicapped cerebral palsied persons and stresses their determination to surmount their difficulties if given the chance. Training of the spastic child should start at the earliest possible moment; there is a great need in England for facilities to train children until the termination of school age. Employment on an economic basis is possible, she believes, for a larger proportion of these persons than is usually supposed, both in open industry and in home work. Described briefly is the training program at two colleges for the disabled.

## CEREBRAL PALSY--MEDICAL TREATMENT

### 115. Barnett, Harry E.

Orthopedic surgery in cerebral palsy. J. Am. Med. Assn. Dec. 6, 1952. 150:14:1396-1398.

Indications and contraindications for surgery in cerebral palsy and surgical procedures are outlined. The author believes that surgery is, however, only one part of a broad plan of treatment for cerebral palsy patients; it is not to be considered as a substitute for other rehabilitative measures. An adequate knowledge of the proper indications for surgery and thorough preoperative and postoperative care are as essential as skillful surgical procedure.

See also 174.



## CEREBRAL PALSY--OCCUPATIONAL THERAPY

116. Frank, Carol Mae

Integrating therapies for cerebral palsied children. Am. J. Occupational Therapy Nov.-Dec., 1952. 6:6:247-255, 269. Reprint.

Miss Frank, the only occupational therapist in the state of Ohio in an orthopedic school, received her Master's degree in speech and hearing therapy. This article, on incorporating speech therapy during occupational therapy treatment, is a condensation of her original thesis written in partial fulfillment of the requirements for her Master's degree. It will enable the occupational therapist to familiarize herself with speech techniques and help her to make accurate reports of deviations to the speech correctionist. It is hoped Miss Frank's sound observations and suggestions will encourage occupational therapists in cerebral palsy centers to make an all-inclusive analysis of the progress of the child.

## CEREBRAL PALSY--SPEECH CORRECTION

See 116.

## CHRONIC DISEASE--INSTITUTIONS--PENNSYLVANIA

117. Ferderber, Murray B.

Rehabilitation for the aged in two county institutions. Public Health Nursing. Dec., 1952. 44:12:664-667.

Allegheny County (Penn.) Institution District sponsors two homes and hospitals at Woodville and Mayview, operated under one administrative head, for medically indigent and chronically ill aged persons. This article describes the rehabilitation program initiated for those with the physical reserve necessary for self-care and ambulation. Results have justified the inclusion of physical restoration in geriatric management.

On p. 663 of this same issue, an article "Geriatrics Is a Magic Word," by Etheleen S. Healy, describes a recreational program for the aged at Harrison, New York, planned and carried out by the board members of the Harrison Visiting Nurse Association.

## CLEFT PALATE--PSYCHOLOGICAL TESTS

118. Billig, Albert L.

A psychological appraisal of cleft palate patients. Proceedings, Penn. Acad. Science. 1951. 25:29-31. Reprint.

"The purpose of this study was to determine the adequacy of personality adjustment and mental capacity of patients met at the Cleft Palate Clinic held at the Allentown Hospital (Pennsylvania). This is an evaluation of the patients as seen by one of a team comprising the clinic personnel. . . ." It was felt that if the cleft palate patient had no additional physical disability, he was basically a normal individual possessing a specific physical handicap. With the assurance of functional speech and a cosmetically improved appearance, the prognosis is improved through a program of action and through understanding of the problem by parents and child. Anxiety, depression and a tendency toward isolation were found among early teen-age patients with speech difficulties and a cosmetically unfavorable appearance.

## CONGENITAL DEFECT

119. Paletta, F. X.

Congenital deformities of the hands and feet. Missouri Med. Jan., 1953. 50:1:19-23. Reprint.

"... A classification of congenital deformities of the hands and feet is presented. The embryologic development of the hand and its relation to abnormalities is discussed. Various theories designed to explain these abnormalities are mentioned. A number of surgically treated cases are presented to illustrate these theoretical considerations."--Conclusion.

## DEAF

120. American Academy of Ophthalmology and Otolaryngology.

Hearing loss in preschool children: a guide for diagnosis and treatment, by Lawrence R. Boies, (and others). Trans. Am. Acad. Ophthalmology & Otolaryngology. Sept.-Oct., 1952. 56:5:835-846.

Prepared by a Subcommittee of the Committee on Conservation of Hearing of the ....

Procedures for testing the hearing of preschool children are described. Working from known data on reactions of the normal-hearing preschool child, tests have been devised to attract the attention of children below the six-year level where hearing loss is suspected. Tests are varied for the child with a moderate hearing loss and speech normal for their age and for those with a suspected marked hearing loss and no intelligible speech. In some instances certain tests are available only in hearing centers, not being suitable for the otolaryngologist's office. Advice directed to parents is given for the training of deaf children; a short bibliography of further readings for parents is also included.

## DEAF--MENTAL HYGIENE

121. Albright, M. Arline

Mental health of children with hearing impairments. Exceptional Children. Dec., 1952. 19:3:107, 110-113, 124.

In a survey of 317 children with hearing impairments as revealed by the Mental Health Analysis, the author describes the group studied, the Mental Health Analysis test, its limitations, and findings. She found that children with impaired hearing have more mental ill health than normal children, that it varies according to the individual, that poor and good mental health can exist in specific areas. She indicates some of the possible causes for the status of mental health; therapy which school personnel could furnish preventively and remedially could be indicated from data gathered in the survey. The individual analysis for each child furnished material for use in guidance. The findings of this survey, it is felt, could be useful in future comparative studies.

## DEAF--PERSONNEL

122. Volta Speech Association for the Deaf

Teacher recruitment and training; a summer meeting panel discussion, June 18, 1952. Volta Rev. Dec., 1952. 54:10:491-500, 512, 514.

#### DEAF--PERSONNEL (continued)

Summer Meeting of 1952 of the... Assn., June 16-20, 1952, held in Northampton and Boston, Mass.

Participants in the panel discussion were: Hugo F. Schunoff, Principal of the Kendall School for the Deaf, Washington, D. C., and director of the Normal Training College at Gallaudet College, who spoke on the recruiting of trainees in the field of education of the deaf; Miss Martha Buchman, Clarke School, Northampton, Mass., whose subject was "A Review of the Teacher Training Curriculum from the Teacher's Viewpoint;" and Dr. Louis M. Di Carlo, Executive Director, Hearing and Speech Center, Syracuse University, Syracuse, N. Y., who discussed "Training the Teacher of the Deaf in a School of Special Education." Dr. Helen S. Lane, Principal of Central Institute for the Deaf, St. Louis, Mo., was moderator.

#### DEAF--SPECIAL EDUCATION

##### 123. Miller, June

The child with a hearing loss. Topeka, Kan., Kansas State Dept. of Education, 1952. 13 p.

Miss Miller, educational director of the Hearing and Speech Department of the University of Kansas Medical Center, is well qualified to write of the problems of teaching the deaf or partially-hearing child. She briefly reviews various types of hearing loss, discusses what the teacher can do to discover children with hearing problems and what can be done for the child when he is found to have a loss. Some helpful suggestions are made to aid the teacher in understanding the deaf child and in using techniques designed to make learning easier for these handicapped children.

Issued by the State Superintendent of Public Instruction, Topeka, Kansas.

#### EDUCATION--STUDY UNITS AND COURSES

See 165.

#### EMPLOYMENT

##### 124. Banta, K. Vernon

A new horizon for the handicapped. Am. J. Occupational Therapy. Nov.-Dec., 1952. 6:6:256-257, 278-279. Reprint.

The writer, technical advisor for The President's Committee on Employment of the Physically Handicapped, indicates some principles which are basic in the selective placement of the physically disabled. Adequate and practical preparation of the disabled is frequently the key to successful rehabilitation, he feels, and occupational therapists are in a position to make practical contributions to the preparatory process. Four classifications which will indicate the degree of employability in the handicapped are given. Job analysis and selective matching of the abilities of the disabled person to the requirements of specific jobs offer hope to the handicapped. Improved public understanding of the employment capabilities of the handicapped can be furthered by occupational therapists.



#### EMPLOYMENT (continued)

125. U. S. Office of Defense Mobilization. Health Resources Advisory Committee.

The disabled can work. Washington, D. C., The Office (1952). 7 p.

Briefly presented in this booklet are facts and figures on the ability of the disabled to work when their disabilities have been properly treated and when they have been properly trained and placed in the right job. A two-year study, made by the Department of Labor and the Veterans Administration and based on industry's own records, provides data on absentee rates, safety records, and production rates of the handicapped as compared with non-handicapped workers.

Issued by the Health Resources Advisory Committee, U. S. Office of Defense Mobilization, Washington 25, D. C.

#### EMPLOYMENT (INDUSTRIAL)--CALIFORNIA

126. California. Centinela Valley Committee for the Employment of the Physically Handicapped, Inglewood

Two doctors report on the employment of the handicapped. Inglewood, Cal., The Committee, 1952. 12 p.

The two sections presented in this booklet were part of a panel discussion held January 29, 1952; the agenda, "Some Medical Considerations in Utilizing the Handicapped," was chaired by Dr. Rutherford T. Johnstone, an authority in the field of industrial medicine. Dr. Roger D. Mackay, medical director of Northrop Aircraft, Inc., spoke on the utilization of special groups of the handicapped, such as the epileptic, the cardiac, the tuberculous, the deaf and the aged, as practiced at Northrop. He gives a brief summary of work limitations for the handicapped and their work record as revealed in a survey made by his firm. Dr. A. C. Remington, medical director at AiResearch Manufacturing Co., lists the members of the industrial team who work for the utilization of the handicapped at AiResearch and the part each plays in effective employment practices.

Distributed by the Centinela Valley Committee for the Employment of the Physically Handicapped, 319 E. Hillcrest Ave., Inglewood, Calif.

#### EMPLOYMENT (INDUSTRIAL)--PLACEMENT--GREAT BRITAIN

127. Bongard, M. M.

Placing the disabled. Rehabilitation. Nov., 1952. 6, n. s.:15-19.

Operated by the Ministry of Labour through Disablement Resettlement Officers, special services for the disabled include selective placement, medical assessment, industrial rehabilitation, vocational training, sheltered employment and homework. The author discusses each type of service briefly, giving the responsibilities of the Officer. Through this scientific approach to the problem of placement of the disabled, the number of persons requiring resettlement has declined and the increased stability among disabled persons may be ascribed to this approach to placement.

#### ENCEPHALITIS

128. Meyer, Edith

Measles encephalitis; a follow-up study of sixteen patients, by Edith Meyer and Randolph K. Byers. Am. J. Diseases of Children. Nov., 1952. 84:5:543-579.

## ENCEPHALITIS (continued)

"The clinical course and development following measles encephalitis, as seen in patients at the Children's Hospital, Boston, between 1943 and 1949, are reviewed. The psychological and neurological disturbances following this disease are discussed, and their significance is outlined."

--Summary. Sixteen case histories are presented in detail.

## ENDOCRINE DISORDERS

### 129. Evans, Philip Rainsford

Deformity of vertebral bodies in cretinism. J. Pediatrics. Dec., 1952. 41:6:706-712.

Case histories of 13 cretins observed for deformity of vertebral bodies are given briefly; one had a normal spine, five had minor abnormalities, and seven showed deformity of the bodies of the twelfth thoracic or first or second lumbar vertebrae. Kyphosis with subsequent bony abnormality developed between the ages of 6 months and 2 1/2 years; bony abnormality without kyphosis was seen in two cases hitherto undiagnosed and examined at 4 1/2 years. The writer states the deformity may disappear under treatment with thyroid. Similar deformities are seen in other diseases in which there is chondrodystrophy. He believes the abnormality is probably caused by the stress of flexion acting on chondrodystrophic vertebral bodies since the affected vertebrae are those most subject to trauma.

## FACIAL PARALYSIS

### 130. Cawthorne, Terence

The rationale of physiotherapy in vertigo and facial palsy. Physiotherapy. Dec., 1952. 38:12:237-241. (Congress Lecture.)

Briefly explaining the symptoms and causes of vertigo, the writer then offers a scheme of exercises, their aims and progression. Facial palsy is discussed, also, with the treatment recommended and the part which galvanic stimulation plays in recovery.

## HAND

### 131. Pulvertaft, R. Guy

The care of the injured hand. Physiotherapy. Dec., 1952. 38:12:241-246. (Congress Lecture.)

Basic facts and principles which guide the treatment of the injured hand are reviewed by Dr. Pulvertaft; surgical techniques are described. Following his lecture, Mr. B. Mee, a physiotherapist, and Miss Natalie Smythe, an occupational therapist, outlined, respectively, physical treatment of hand injuries and treatment of the hand in the Occupational Therapy Department of Derbyshire Royal Infirmary (England). Dr. Pulvertaft is Director of Orthopaedic and Accident Service at the Infirmary.

## HEALTH SERVICES

### 132. Wallace, Helen M.

Current trends in health services for mothers and children. Public Health Nursing. Dec., 1952. 44:12:690-693.



## HEALTH SERVICES (continued)

Reprinted in: J. Am. Med. Women's Assn. Dec., 1952. 7:12:450-453.

The author reviews briefly organized programs for improving the health of mother and child in the United States and summarizes trends in health services within the past decade. Recognition of the impact of emotional factors on health, increased hospitalization of maternity patients, the effect of the American Academy of Pediatrics study of child health services, broadening of the definition of a "handicapped child" and increased services to him are discussed briefly. Objectives to be realized are outlined if the above trends are to be widely applied on a sound basis.

## HEART DISEASE

### 133. American Heart Association

Heart disease in children. New York, The Assn. (1952) 15 p.

Presenting an up-to-date summary of information now available on the prevention and treatment of rheumatic fever, the treatment of rheumatic heart disease, and the correction of congenital heart defects, this booklet offers encouragement for parents, teachers, and all those concerned with child health and child care. Present trends in research are discussed briefly; although no miracle drug has been found to cure rheumatic fever, a three-nation cooperative study, begun in 1951, is directed at discovering the comparative effects of ACTH, cortisone, and salicylates. The question of the effectiveness of surgical procedures in curing congenital heart disease is discussed.

Available from the American Heart Association, 44 East 23rd St., New York 10, New York.

## HEART DISEASE (CONGENITAL)

### 134. Taussig, Helen B.

Congenital malformations of the heart; the clinician's responsibility in the selection of patients for operation. J. Pediatrics. Dec., 1952. 41:6:853-859.

Various considerations in congenital malformations of the heart which call for surgery are discussed, with advice given on proper handling of the infant or child suffering from this condition.

## HOMEBOUND--EMPLOYMENT--WISCONSIN

### 135. In Milwaukee it's Homecrafter's; Milwaukee craft outlet does an effective job of turning products of homebound workers into cash. Crippled Child. Dec., 1952. 30:4:15-17.

Approximately 500 handicapped workers in Wisconsin supply craft work to the Homecrafter's Shop in Milwaukee and other outlets throughout the state. Doing an annual gross business of \$25,000, the Homecrafter's Shop operates on standard merchandising principles and can compete with gift shops handling top-quality merchandise. The gross receipts all go to the handicapped persons producing the merchandise, since the Wisconsin Association for the Disabled meets the overhead costs of the shop. Photographs of displayed articles testify to their attractiveness.

## HOME ECONOMICS

### 136. Rusk, Howard A.

Out of the studyhall into the kitchen, by Howard A. Rusk and Julia S. Judson. Exceptional Children. Dec., 1952. 19:3:114-116.

The demonstration kitchen recently shown at the Scientific Exhibit of the American Medical Association by the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center included facilities that may be the answer to some of the problems of the school attempting to provide laboratory equipment adapted to the limitations of the handicapped. Since homemaking is one of the largest occupational groups for women, it is essential that the handicapped girl receive the benefit of this type of training.

## HOSPITALS

### 137. Freeman, Lucy

It's your hospital and your life. New York, Public Affairs Committee, Inc., c1952. 32 p. illus. (Public Affairs pamphlet no. 187.)

A booklet describing the complexity of hospital operation, its varied activities, its part in public health and the prevention of illness. Special services and projects of hospital life are described--home care programs, psychiatry for general hospital patients, "rooming in" for mothers and babies, social service programs and programs for the rehabilitation of the chronically ill. Modern-day costs are compared with those of the nineteenth century in terms of length of stay and improved services. Hospitalization insurance helps to finance hospitals but the community has a responsibility also in serving the hospital's need for financing and volunteer workers.

Available from Public Affairs Committee, 22 E. 38th St., New York 16, New York, at 25¢ a copy.

## LARYNGECTOMY

### 138. American Academy of Ophthalmology and Otolaryngology

Conservation of function in surgery of cancer of the larynx; bases, technics and results. Trans. Am. Acad. Ophthalmology and Otolaryngology. Sept.-Oct., 1952. 56:5:722-735.

Contents: Part I. Uruguayan technics, by Justo M. Alonso. Part II. North American technics, by Chevalier L. Jackson.

In Part I, Dr. Alonso describes methods which make possible the extirpation of tumors which do not involve the glottis, without extirpating the vocal cords. These tumors are, with respect to the glottis, situated laterally (pyriform sinus), above (epiglottic vestibule), and below (subglottic). None of the procedures which he describes are considered classic or generally accepted. Part I is illustrated. Dr. Jackson, in Part II, discusses techniques which he says are complementary to those of Dr. Alonso--technics used for extirpation of early cordal tumors, the only kind of laryngeal carcinomas generally treated by partial laryngectomy in the United States. The article is concluded by a discussion by Dr. Joseph I. Kemler, Baltimore, Md., and Ronald MacBeth, Oxford, Eng.

## LARYNGECTOMY (continued)

139. Bateman, G. H.

Oesophageal speech, by G. H. Bateman, A. C. Dornhorst, and G. L. Leathart. Brit. Med. J. Nov. 29, 1952. 4795:1177-1178.

"... This paper describes observations on three patients who had undergone complete laryngectomy, and who had well-developed oesophageal speech ...." The mechanism of oesophageal speech is discussed. Results were assessed through measurement of oesophageal pressure and chest movement during speech and oesophageal movements, observed by fluoroscopy.

## LEUKEMIA

140. Sturgis, Cyrus C.

Some aspects of the leukemia problem. J. Am. Med. Assn. Dec. 20, 1952. 150:16:1551-1556. (The Minot Lecture.)

Dr. Sturgis has confined his discussion to three important aspects of leukemia: the possible increasing incidence of the disease, the etiology of the disorder, and an evaluation of the effectiveness of the more recently introduced methods of treatment as well as some of the older ones.

## MEDICINE--BIOGRAPHY

See 174.

## MENTAL DEFECTIVES--PARENT EDUCATION

141. Spencer, Steven M.

Retarded children can be helped. Saturday Evening Post. Oct. 11, 1952. 4 p. Reprint.

An article stating some of the facts about mental deficiency, giving helpful advice to parents faced with the problem of caring for a mentally deficient child, and explaining the work of the National Association for Retarded Children. New Jersey's home training program is cited as an example of what can be accomplished through parent education. Several states have accepted the responsibility of providing some sort of education for the mentally deficient but "trainable" child.

## MENTAL DEFECTIVES--SPECIAL EDUCATION

142. Bijou, Sidney W.

The special problem of motivation in the academic learning of the retarded child. Exceptional Children. Dec., 1952. 19:3:103-104, 120.

Frustrations encountered before entering school cause the retarded child to have a motivational block toward learning. To overcome this negative attitude, the author offers a brief description of a positive-attitude-building plan for the classroom, in operation now at the Wayne County Training School, Northville, Michigan. An achievement record, based on the child's previous achievement and mental ability, emphasizes the idea of self-competition, rather than group competition. Meeting goals set individually provides a form of self-satisfaction which many retarded children experience for the first time in the school-learning process.



## MENTAL DISEASE--EMPLOYMENT

### 143. Ling, T. M.

Occupational rehabilitation of psychiatric cases; a follow-up study of 115 cases, by T. M. Ling, D. M. Zausmer, and M. Hope. Am. J. Psychiatry. Sept., 1952. 109:3:172-176. Reprint.

"A brief historical review of the modern machinery for the rehabilitation and resettlement of psychiatric disabled persons in the United Kingdom is described. The present investigation was designed to discover the fate of psychoneurotic patients who had been referred to the D. R. O. (Disability Resettlement Office) for placement and thereby to determine the efficacy of the joint work carried out by Roffey Park Rehabilitation Centre (England) and the D. R. O. service. . . ."--Summary. Methods of the investigation, a description of the sample at the time of admission to Roffey Park, and results of the follow-up are included and discussed.

## MENTAL HYGIENE

### 144. Doll, Edgar A.

Understanding and acceptance. Exceptional Children. Dec., 1952. 19:3:105-106.

This article, reprinted from California Parent Teacher, May, 1951, makes a plea for acceptance and understanding of the child with a problem which is manifested by behavioral problems and emotionally induced bodily ailments. The writer outlines the emotional needs of the child which must be recognized and accepted if there is to be true understanding. Acceptance does not mean unconditional approval but should consider the child's own evaluation of self, his inner and outer needs.

## MINING

### 145. Campbell, Dorothy Adams

Rehabilitation in miner's nystagmus and other ocular disorders. Rehabilitation. Nov., 1952. 6, n. s.:5-8, 32.

Miners' nystagmus is a disease which is peculiar to the coalfields; many people, even ophthalmologists, are not familiar with it. In England so many miners are affected by it that large sums are paid annually in compensation for this disease. Research into the causes and cure has been fostered by the Colliery Owners' Research Association and, recently, by the National Board. Incidence, treatment and rehabilitation are discussed briefly; results of special clinics for supervision and treatment of the disease are cited. Residential rehabilitation was also attempted but it was found that a period of convalescence in a Miners' Convalescent Home was more beneficial.

## MULTIPLE SCLEROSIS--ETIOLOGY

### 146. Flicker, David J.

Trauma in multiple sclerosis. Neurology. Nov.-Dec., 1952. 2:6:520-524. Reprint.

A review of the literature regarding the relationship of trauma to multiple sclerosis shows it to be equivocal; it can be quoted in either direction. However, the author states, no evidence is presented by which trauma can be justifiably indicated as etiologic of the disease. Trauma, in rare

#### MULTIPLE SCLEROSIS--ETIOLOGY (continued)

instances, may possibly cause an exacerbation in multiple sclerosis, but it is his belief that it should be dismissed from further consideration in studies of the etiology of the disease.

In an article following this, on p. 525, "Modifications of Signs in Multiple Sclerosis with Tetraethylammonium Chloride", by Guy H. Williams, Jr., L. J. Karnosh, and Howard J. Tucker, vascular disorder is emphasized as a disturbing factor in multiple sclerosis and they cite treatment of selected cases in which the drug was of some value.

#### MULTIPLE SCLEROSIS--INSTITUTIONS--WASHINGTON

147. Jonez, Hinton D.

Global first: new home for multiple sclerosis clinic. Hospital Progress. Nov., 1952. 33:11:50-52. Reprint.

Those who read Dr. Jonez' book, "My Fight to Conquer Multiple Sclerosis," will be interested in this description of the newly completed multiple sclerosis clinic building, annex to St. Joseph Hospital of Tacoma, Wash. The first building in the world ever to be constructed for or devoted exclusively to the diseases of multiple sclerosis, it provides out-patient service to people from many countries. Two thousand patients have been treated during the past five years. Floor plans are included in the article.

#### OCCUPATIONAL THERAPY--PERSONNEL

148. U. S. Women's Bureau

The outlook for women as occupational therapists. Washington, Govt. Print. Off., 1952. 51 p. (Bul. Women's Bur. no. 203-2, revised, Medical Services Series)

Another in the series of booklets prepared by the Women's Bureau and describing medical and other health services, this revision is intended for use by colleges and universities, high schools, and other persons or agencies concerned with counseling women on career possibilities. This study is concerned primarily with the changes and developments in the field of occupational therapy which affect the outlook for women's employment. It covers the situation preceding the emergency defense period, including historical facts from the original report. Such aspects as the demand and supply of therapists in 1952, training requirements, earnings, working conditions, and opportunity for advancement, organizations, the use of unpaid volunteers, and statistical information on types of institutions and agencies employing therapists are covered.

Available from Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

#### OLD AGE

149. National Conference of Social Work

Selected papers on the aging; presented at the 79th annual meeting of the . . . , May 25-30, 1952, Chicago, Illinois. Raleigh, N. C., Health Publications Institute, c1952. 54 p.

Contents: Individualizing the aged, Marc W. Hollender, M. D. -Helping the older adult to keep related to the mainstream of community life, Jerome Kaplan. -Using the unique contribution of later maturity for the well-being of the community, Georgene E. Bowen. -The Friendly Visitors to the Aged program, Mary A. Young. -New developments in services for the aged--the medical program in a home for the aged, Edward Schultz. -Family care for older persons,



#### OLD AGE (continued)

Louis Magary. - Milwaukee's recreation program for the aging, Donald B. Dyer.

Published by Health Publications Institute, 216 N. Dawson Street, Raleigh, N. C., at \$1.00 a copy.

#### OLD AGE--PROGRAMS

150. Ladimer, Irving

Housing and health facilities for our senior citizens. Public Health Reports. Dec., 1952. 67:12:1196-1202.

A report summarizing the health features of the 5th Annual Conference on Aging, held at the University of Michigan in July, 1952, which provided opportunity for an integrated review of knowledge on the housing of healthy, disabled, and sick older people. A full accounting of the discussions will be published as proceedings in the near future. Reviewed briefly in Mr. Ladimer's article are housing and population statistics of older people, neighborhood planning, design of housing and sheltered care, nursing and convalescent homes, financing, community attitudes, and prepayment plans for medical care of the aging. The conference emphasized personal desires of the aging and recognition of individual differences.

In same issue: Establishing housing standards for the aged, by Jack Masur.

#### OSTEOMYELITIS

151. Capener, Norman

Acute osteomyelitis and septic arthritis. Brit. Med. J. Dec. 6, 1952. 4796:1251-1253.

Another in the series of articles designated as "refresher courses for the general practitioner," this article describes the clinical picture of the diseases, anatomical considerations, treatment, physiological rest, antibiotic treatment, associated lesions, osteomyelitis in the newborn, and other sequelae of osteomyelitis. Three case histories, outlined briefly, illustrate the difficulties in diagnosis.

#### PARALYSIS

152. Lowman, Charles Leroy

Repair of the paralyzed abdominal wall: I. Surgical treatment, by Charles Leroy Lowman. II. Nursing care, by Mary Louise Hamra. Am. J. Nursing. Dec., 1952. 52:12:1489-1492.

Dr. Lowman describes the surgical techniques of fascial transplants for paralysis of the abdominal wall; during the past twenty years 185 such transplants for repair of the abdominal wall have been performed at the Orthopaedic Hospital in Los Angeles, Calif. Dr. Lowman is director of education and rehabilitation at the hospital. Results are especially valuable to patients with a severe paralysis of the abdominal wall and both legs; in patients with normal feet and legs, but impaired trunk fixators, improvement through transplants has been sufficient to resume normal activity with no support other than a girdle or corset. In part II, general nursing care of the patient who has had an abdominal fascial transplant is described, with information given on diet and medications, elimination, prevention of deformities and complications, and exercise during convalescence.

## PARAPLEGIA

### 153. Abramson, Arthur S.

Studies on spasticity. II. The role of the contraction of certain muscle groups and the effect of its elimination on the over-all spasticity in patients with transverse spinal cord lesions, by Arthur S. Abramson and Gerald G. Hirschberg. Bul. Hospital Joint Disease. Apr., 1952. 13:1:164-172. Reprint.

"Five cases of spastic paraplegia have been presented illustrating the following phenomena: (a) Interference with the contraction of certain muscle groups resulted in reduction of spasticity elsewhere. (b) Unilateral interference with the contraction of certain muscles resulted in widespread reduction of spasticity on the same side only. (c) Spasticity was decreased in proportion to the degree of localized interference with muscle contraction.

"2. These phenomena were explained by the sensory effects produced by interfering with the contraction of spastic muscles.

"3. A conservative surgical approach towards reducing over-all spasticity is denervation or tenotomy of certain muscle groups.

"4. The effects of such procedures should first be determined by temporarily blocking the innervation of these muscle groups.

"5. All procedures should be done bilaterally to prevent pelvic tilt. "  
--Conclusions. Confirmatory electromyographic studies are presented.

### 154. New York. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation.

A bladder and bowel training program for patients with spinal cord disease, by Edith Buchwald, Margaret McCormack, and Emilie Raby. New York, The Institute, c1952. 35 p. illus. (Rehabilitation monograph III)

One of a series of publications dealing with various aspects of rehabilitation and services to the handicapped, written by staff members of the Department of Physical Medicine and Rehabilitation under the editorship of Howard A. Rusk and Eugene J. Taylor, this monograph is a study of procedures developed in establishing a bladder and bowel training program at the Institute. Early work in the training program was begun by Dr. George G. Deaver. The study is based on experiences with 55 patients presenting various spinal diseases. The following topics are discussed: bladder training, bowel training, aids used in attending to toilet needs, organization of the program, methods of recording procedures, examples of bladder routines, case studies, and summary.

Available from the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 400 E. 34th St., New York 16, N. Y., at \$1.00 a copy.

## PARAPLEGIA--EQUIPMENT

### 155. Loeb, Naomi Ornstein

Devices for the quadriplegia, by Naomi Ornstein Loeb and Arlean Taylor Mooradian. Am. J. Occupational Therapy. Nov.-Dec., 1952. 6:6:258-261, 279.

## PARAPLEGIA--EQUIPMENT (continued)

Illustrated instructions for making the following devices, developed to facilitate maximum use of the remaining functional ability of the quadriplegia, are given: 1) leather typing device, 2) Celastic writing form, 3) Celastic combination self-care cock-up splint. Source and supply of Celastic are indicated, with instructions on its use.

## PARENT EDUCATION

See 113.

## PHYSICAL MEDICINE

See 175, 176.

## PSYCHIATRY

156. New York. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation

Psychiatric aspects of rehabilitation, by Morris Grayson, in collaboration with Ann Powers, and Joseph Levi. New York, The Institute, c1952. 86 p. (Rehabilitation Monograph II)

In this report of a three year study (1948-1951), financed by The Commonwealth Fund and under the auspices of the Department of Psychiatry and Physical Medicine and Rehabilitation of New York University-Bellevue Medical Center, qualitative and quantitative psychiatric findings in the rehabilitation of the physically disabled, findings of the psychiatric social worker and the psychologist are presented. Four special papers which have appeared previously in professional journals are included in the appendix. They are: Concept of "acceptance" in physical rehabilitation, Morris Grayson. -Emotional problems of physically handicapped adolescents: a study of ten adolescent boys, Joseph Levi. -Rorschach patterns predicting success or failure in the rehabilitation of the physically handicapped, Joseph Levi. -Mother-child relationships in rehabilitation of the physically disabled, Ann M. Powers, Morris Grayson, and Joseph Levi.

Available from the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 400 East 34th St., New York 16, N. Y. at \$1.00 a copy.

## RECREATION--EQUIPMENT

157. Hornaday, Grace

Safe toys. Crippled Child. Dec., 1952. 30:4:5-7.

Suggestions for buying toys for children of all ages are given, with an eye to safety features. Points to remember when shopping for toys are enumerated. The sick or handicapped child should not be confused by too many toys at one time or bewildered by toys beyond his age, size or skill.

## REHABILITATION

158. Krusen, Frank H.

New frontiers in rehabilitation. Crippled Child. Dec., 1952. 30:4:12-14.

An article adapted from a paper entitled "Modern Physical Medicine



#### REHABILITATION (continued)

and Rehabilitation in a Progressive Community," presented at the annual meeting of the Illinois Association for the Crippled, September 20, 1952. Dr. Krusen believes medicine must provide an active living program of rehabilitation for the patient which will combat any tendency toward chronic invalidism. Public spirited citizens, physicians, and industrialists of the community should join hands in promoting such a program of physical medicine.

#### REHABILITATION--GREAT BRITAIN

159. Buller, Georgiana

Through the gates of opportunity. Social Service. March-May, 1952. 25:4:149-154.

The Welfare of the Disabled. No. 1.

Briefly tracing the history of help for the disabled in Great Britain, Dame Buller makes pertinent suggestions for alleviating the lot of the physically handicapped through rehabilitation services, improved housing facilities, provision of transportation, and the organization of craft training and homebound occupation.

160. Morris, Cherry

The problem of the young chronic. Social Service. June-Aug., 1952. 26:1:6-10.

The Welfare of the Disabled. No. 2.

Pointing out what has already been done in England to rehabilitate or care for the chronically ill young person, the writer makes a plea for better institutional care for those unable to remain in their homes. By grouping them in wards with other young chronic patients, more hope could be instilled in them to become as independent as possible. Homes run in close connection with sheltered workshops could provide them with employment.

#### REHABILITATION--PROGRAMS

161. Wilson, Donald V.

Action on the world level. Social Service. Dec., 1952-Feb., 1953. 26:3:118-124.

The Welfare of the Disabled. No. 4.

World organizations, working in the interest of the disabled, their programs, methods, personnel, group training, meetings and conferences are discussed briefly in an attempt to show the value of world-wide sharing in the knowledge and techniques for rehabilitation of the handicapped.

Available in reprint form from the author, Secretary General, International Society for the Welfare of Cripples, 127 E. 52nd St., New York 22, N. Y.

#### REHABILITATION--RECORDS

162. Brown, Mary Eleanor

The record folder; five suggested uses. Phys. Therapy Rev. Dec., 1952. 32:12:628-633.

Record folders can be used for keeping attendance at various therapies employed in physical medicine, for recording schedules in terms of number

## REHABILITATION--RECORDS (continued)

and length of instruction periods, for recording the patient's handwriting or printing, for filing doctors' prescriptions and orders, and for admission procedure and other data. The writer gives examples of a calendar-record for schedules and attendance in a rehabilitation hospital, a cerebral palsy school, and a children's orthopedic hospital-school. It is possible to gather, study and tabulate vital statistical material from such simple day-to-day records. By checking information in the records, efficiency of services can be improved and costs reduced.

## REHABILITATION CENTERS--AUSTRIA

### 163. Balme, Harold

A model rehabilitation and training centre. Brit. Med. J. Nov. 15, 1952. 4793:1092-1093.

In this brief article, Dr. Balme, consultant advisor on rehabilitation to the United Nations and World Health Organization, describes what is "...probably the finest rehabilitation and training centre to be found anywhere in Europe..." Located at Tobelbad, Austria, the center was erected and is owned by the United Accident Insurance Corporation of Austria; its facilities are outlined and the system of handling accidents throughout the province of Styria, in which the center is situated, is described.

## SCHOOL HYGIENE

### 164. U. S. Office of Education

Health services in city schools, by H. F. Kilander. Washington, D. C., The Office, 1952. 68 p. tabs. (Bul. 1952, no. 20)

This study, the third of a series made at ten year intervals of school health services in the United States, shows the present status of many phases of such services in cities having a population of 2,500 or over. Discussing survey procedures, the administration and financing of school health programs, types of medical examinations, dental examinations, school nursing services, health instruction and physical education, the pamphlet should be valuable to school administrators, health service personnel, public health officials, medical and dental societies, parent-teacher associations, and those interested individual groups. Detailed statistical tables based on data gathered in the survey provide an abundance of information on existing services. A bibliography and sample forms of the survey questionnaires are included.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 25¢ a copy.

## SOCIAL SERVICE--PERSONNEL

See 106.

## SOCIAL WELFARE

### 165. Community Chests and Councils of America

Youth and the community; a manual for teachers, administrators, librarians, vocational counselors, curriculum committees, boards of education. New York, The Councils, 1952. 76 p. illus.



## SOCIAL WELFARE (continued)

Prepared as a guide for building better school-community programs for the social education of youth, this publication is based on the real experiences of American schools. Ways in which the work of the social, health, and welfare agencies in a community, banded together in the Community Chest and Council, can provide youth with "democracy-in-action education" are suggested. Discussed are the curriculum, audio-visual curriculum, the community as a laboratory, career guidance, special projects and the teacher preparation program. Given in the appendix are: a reading list, "Building Together," prepared by the American Library Association; a brief history of the Community Chest and Council movement in the United States and Canada; and a list of accredited schools of social work.

Issued by Community Chests and Councils of America, 155 East 44th St., New York 17, N. Y.

### 166. Falk, Adrien J.

The American design. Crippled Child. Dec., 1952. 30:4:23-24.

An abridged version of the keynote address given at the annual convention of the National Society for Crippled Children and Adults, October, 1952, this article affirms the belief that voluntary support and direction in our welfare problems is as much a part of the free way of life as is freedom of speech itself.

## SPECIAL EDUCATION--PERSONNEL

See 122.

## SPEECH CORRECTION--TENNESSEE

### 167. Foote, Robert M.

Public health aspects of a speech and hearing program. J. Am. Med. Assn. Dec. 6, 1952. 150:14:1390-1392.

The development of a state-wide program in speech and hearing in Tennessee is described; the magnitude of the problem in the population is defined. Different methods of case finding are evaluated. Responsibilities that a public health agency can assume in this field are outlined.

### 168. McConnell, Freeman

A hearing and speech center is organized; the Tennessee Hearing and Speech Foundation, by Freeman McConnell and W. W. Wilkerson. J. Tenn. State Med. Assn. Sept., 1951. 44:9:395-398. Reprint.

A description of the Tennessee Hearing and Speech Foundation, a non-profit organization to meet the long-felt need for clinical services for persons with defective hearing and speech. Its program of services and its medical referral policies are explained.

## STUTTERING

See 177.

## TUBERCULOSIS--INSTITUTIONS--GREAT BRITAIN

### 169. Clarke, Owen

Rehabilitation and employment at Papworth. Rehabilitation. Nov. 1952. 6, n. s. :9-14.

## TUBERCULOSIS--INSTITUTIONS--GREAT BRITAIN (continued)

A description of the rehabilitation program of Papworth Village Settlement, near Cambridge, England, for patients with tuberculosis. Here the patient able to be up all day and to work on a gradually increasing schedule of hours per day is given the opportunity to learn a trade while still under medical supervision. Results of the program have been very satisfactory; the Ministry of Labour adopted its training scheme for the tuberculous four years ago. To those who choose to live permanently in the Settlement, Papworth offers independence and security. Many, however, have been so improved in health and morale that they choose to return to their homes to find work.

## TUBERCULOSIS--MENTAL HYGIENE

### 170. Pumpian-Mindlin, E.

The role of emotional problems in tuberculosis, by E. Pumpian-Mindlin and Samuel Futterman. Public Health Nursing. Dec., 1952. 44:12:684-689.

Emotional problems attendant upon tuberculosis present a challenge to the nurse who is in a position to play a significant role in not only helping to cure the tuberculous patient but in restoring him to society as a useful individual, capable of carrying on at an optimum level his personal, familial, and social functions. Problems created by anxiety and fear, by hospitalization, by the stigma surrounding the disease, by the status of dependency while hospitalized, and the need for surgical procedures, are discussed.

## VOCATIONAL REHABILITATION

### 171. McCoy, Georgia France

Does rehabilitation pay?, by Georgia France McCoy and Howard A. Rusk. J Rehabilitation. Nov.-Dec., 1952. 18:6:8-12.

A report of a follow-up study, made in 1950 by the Physical Medicine and Rehabilitation Services of New York University-Bellevue Medical Center to analyze results obtained with patients discharged in 1949 from its service in the four New York City hospitals in which it operates. The study was made to assess the eventual medical, economic and social effects of rehabilitation services upon the individual patient and the community in which he resides. In addition to record analysis, actual visits by a trained social worker to the homes and places of employment of patients discharged were made. Findings of this study provide substantial evidence that rehabilitation does pay.

## VOLUNTEER WORKERS

### 172. Dulmage, Mary

Auxiliary volunteers for polio care. Hospitals. Dec., 1952. 26:12:52-54. Reprint.

Volunteer physical therapy aides, carefully trained and supervised in duties ordinarily performed by nurses, are meeting the unusual nursing demands of polio patients and patients suffering from bone and muscle injury at Highland Park Hospital, in Chicago's suburban North Shore. A typical day for a physical therapy aide is outlined.

New Books Briefly Noted

**AMPUTATION--EQUIPMENT--RESEARCH**

173. California. University. Department of Engineering, Los Angeles.

Manual of upper extremity prosthetics, by the staff, Artificial Limbs Project, . . . . Ed. by R. Deane Aylesworth. Los Angeles, The Univ., c1952. various paging. Illus.

A publication of the Artificial Limbs Project, under the supervision of the Advisory Comm. on Artificial Limbs, Natl. Acad. of Sciences--Natl. Research Council, supported by contract with the Veterans Administration.

This manual, prepared to meet a generally recognized need, is a practical guide to assist doctors, prosthetists, therapists, and others concerned with the rehabilitation of arm amputees. Material presented will aid in the selection, fabrication, and fitting of suitable prosthesis for each type of disability. The result of six years of investigation, development and trial, this how-to-do-it book covers technical procedures, bases of prescription, and elements of amputee care. Sections are given on upper extremity biomechanics, medical and hygienic considerations, prescription, wrist and terminal devices, above-and below-elbow prostheses, shoulder disarticulation prosthesis, physical therapy and amputee training, and materials and equipment. The manual is extensively illustrated with diagrams and photographs, showing steps in the preparation and fitting of prostheses.

Distributed by the Orthopedic Appliance and Limb Manufacturers Association, 336 Washington Bldg., Washington 5, D. C., at \$2.00 a copy.

**MEDICINE--BIOGRAPHY**

174. Sharpe, William

Brain surgeon; the autobiography of William Sharpe. New York, Viking Pr., 1952. 271 p. \$3.75.

This fascinating story of the life of one of the pioneer neurosurgeons of his day tells incidents of his boyhood spent in the slums of large cities where his father, a Scotch Presbyterian clergyman, worked with missionary fervor, of his school years at Harvard, in Germany and Italy, of his experiences as assistant to Dr. Harvey Cushing at Johns Hopkins, of a year spent as a young doctor in China, and his later years back in the United States. He early demonstrated his belief that cerebral palsy, if treated early, could be alleviated and in some cases, the condition removed through spinal puncture or cranial drainage where treatment was instituted within a week after birth. He describes his medical research and surgical processes in language which the layman can understand. Many of the recollections of his professional and personal life are humorous; his interests outside of medicine have been many. He and his wife deeded property in New York State to the Herald Tribune Fresh Air Fund for the use of underprivileged children, and their property in North Carolina was transferred to Negro school teachers of that state.

**PHYSICAL MEDICINE**

175. Bierman, William, ed.

Physical medicine in general practice; 3d ed. Edited by William Bierman and Sidney Licht. New York, Paul B. Hoeber, c1952. 798 p. illus. \$12.50.



## PHYSICAL MEDICINE (continued)

This third edition of a standard text has been revised by 22 authorities; simple, practical procedures which can be used effectively in the office and in the patient's home have been stressed. Uses and abuses of treatment, techniques of application, construction of simple devices, contraindications and the physiologic rationale are given. The book is in two parts--16 chapters on procedures and 13 on clinical applications in each bodily system. New material on such subjects as functional muscle testing, microwave diathermy, neuromuscular reeducation, ultrasound, care of the amputee, and medical rehabilitation has been included.

176. Krusen, Frank H., ed.

The 1951 year book of physical medicine and rehabilitation (December, 1950-January, 1952.) 382 p. illus. \$5.50.

Contains a review of the literature of the year in the field of physical medicine and rehabilitation, covering new developments in a wide variety of devices and mechanical procedures to aid the physician in the physical treatment and rehabilitation of the disabled. New studies in the diagnostic applications of physical agents, especially electromyography, in therapeutic exercise, and on the advantages and disadvantages of microwave diathermy, ultrasonic diathermy, and ultrasonic diagnosis are summarized. Of particular interest are the chapters reviewing such subjects as cerebral palsy, poliomyelitis, amputation, hemiplegia, paraplegia, multiple sclerosis, and aphasia.

## STUTTERING

177. Gottlob, A. B.

Understanding stuttering. New York, Grune & Stratton, c1953. 274 p. \$5.50.

The author, a distinguished specialist in speech disorders who has been particularly successful in the treatment of stutterers, is a practicing psychologist with an understanding of the problems of the speech handicapped. He has written here a "first-aid manual for stutterers," explaining the nature of the disorder, its causes and treatment. Technical advances in speech therapy are explained in easy-to-understand language; for the family, friends, and teachers of stutterers he has given information helpful in promoting a healthy atmosphere for speech. Technical aspects of stuttering are discussed in the latter part of the book; while the course of therapy in treatment is outlined, detailed information in the various methods and techniques is not attempted. A bibliography of material for further study is given.

